

ANNUAL HEALTH INSURANCE TREATMENT COST OF NON-INSULIN-DEPENDENT DIABETES MELLITUS WITHOUT COMPLICATIONS BASED ON ROUTINELY COLLECTED FINANCING DATA

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OBJECTIVES

Although diabetic complications are associated with higher expenditures, assessing the amount of cases without them is also critical to cost planning. We determined the annual health insurance treatment cost of type 2 diabetes mellitus without complications in Hungary.

METHODS

Data were derived from the financial database of the National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual health insurance costs, patient numbers and cost distribution calculated for age groups and sex. The following cost categories were included into the study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, pharmaceuticals and medical aids. Patients were identified with the following code of the International Classification of Diseases 10th revision: E1190.

RESULTS

In 2018, the NHIFA spent 21.44 billion Hungarian Forints (HUF) on the treatment of patients with diabetes without any complications which equals 79.35 million American Dollars (USD), or 67.25 million Euros (EUR). Cost of treatment was spent equally on male (49.5%) and female patients (50.5%). The highest patient numbers were in general practice care: 252,012 men (46.6%), 289,126 women (53.4%), in total 541,138 patients. Pharmaceuticals (74.3% of total health insurance costs in men, 70.2% in women), general practice care (11.0% in men, 12.6% in women) and outpatient care (7.6% in men, 8.5% in women) were the main cost drivers, while all other forms of medical care amounted to 7.0% in men and 8.7% in women. Annual health care treatment cost per patient (according to pharmaceutical use) was 64,947 HUF (240 USD/204 EUR) in men and 59,995 HUF (222 USD/188 EUR) in women.

CONCLUSIONS

To avoid further QoL deterioration and the increase of costs due to the development of complications, the number of cases without complications should be monitored, and special attention should be paid to prevention and appropriate treatment.

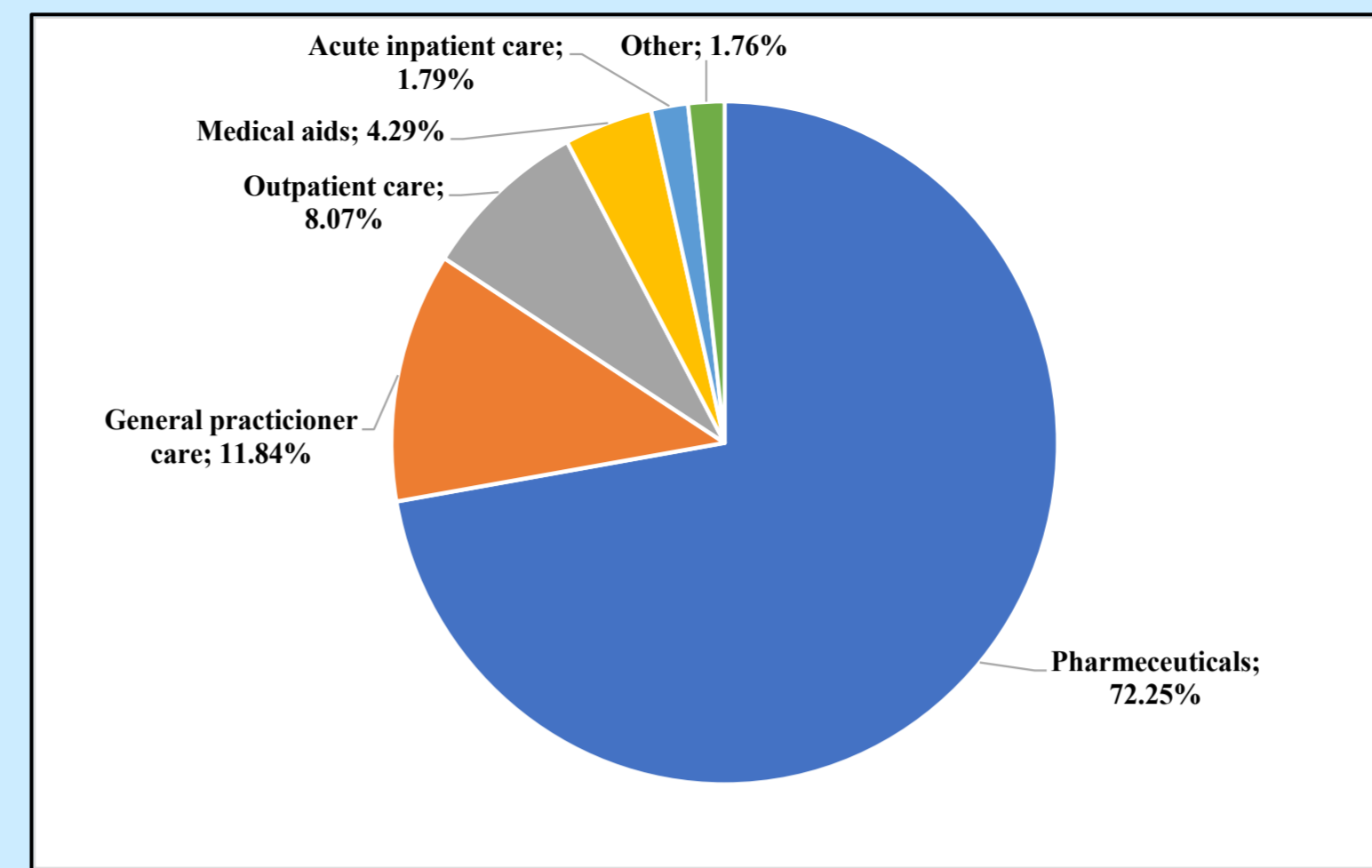


Figure 1
Distribution of NHIFA expenditure types in Hungary, 2018 (in USD)

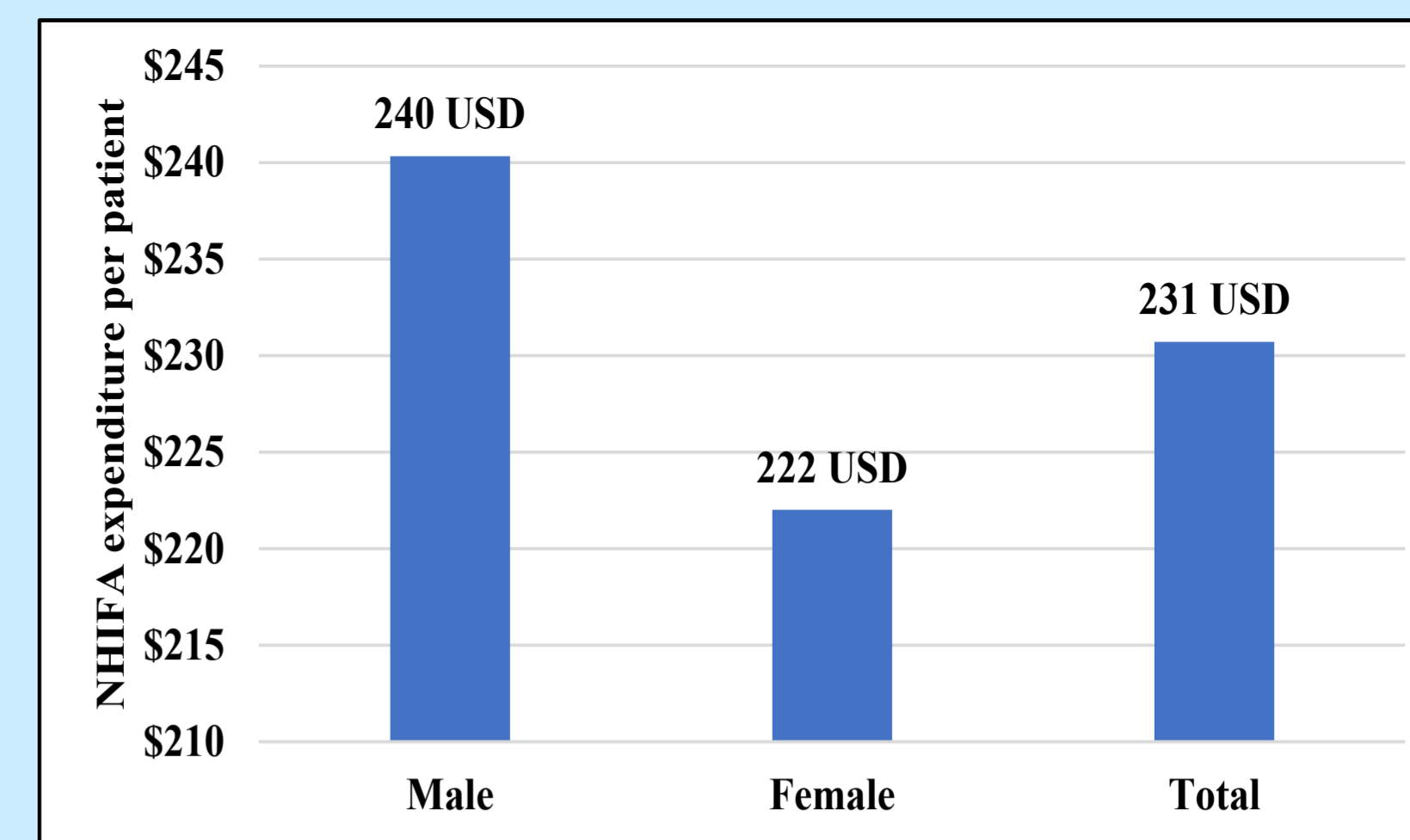


Figure 2
Amount of NHIFA expenditure per patient in Hungary, 2018 (in USD)

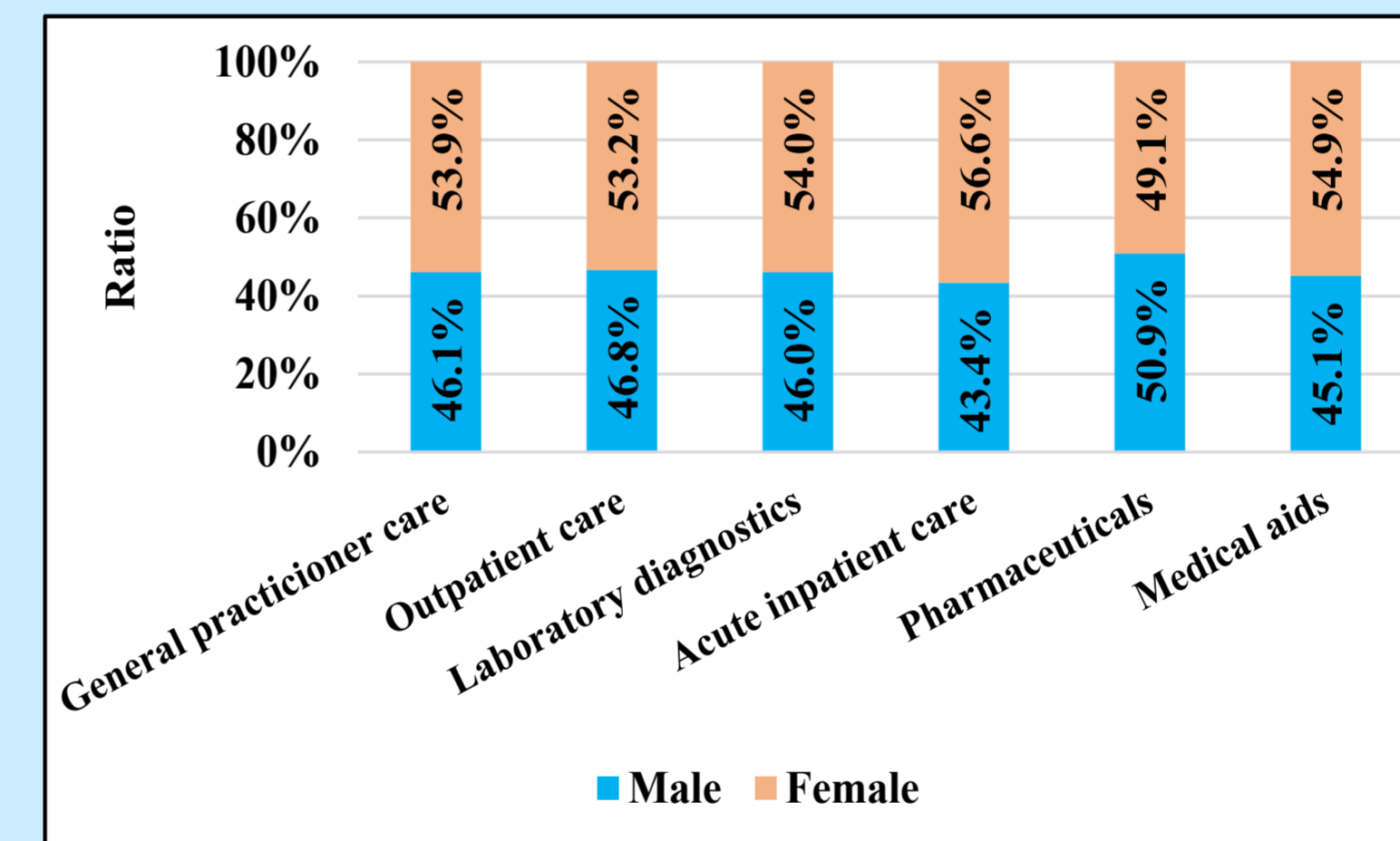


Figure 3
Ratio of male to female in the six major health care types in Hungary, 2018

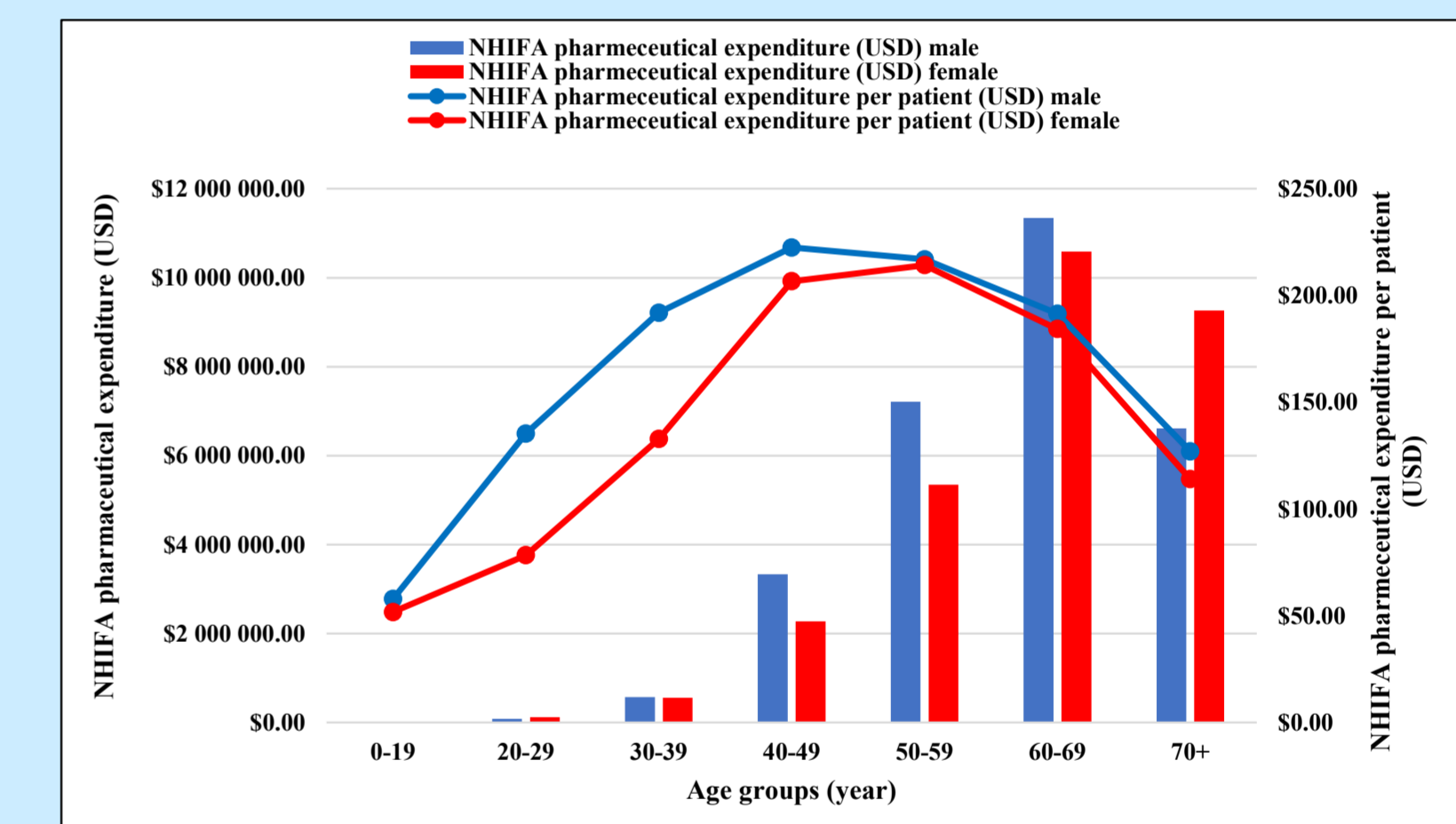


Figure 4
Differences in total and per patient pharmaceutical expenditure among different age groups in Hungary, 2018 (in USD)

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